

**2017 Novo Nordisk New Jersey Marathon  
Charity Partner Program Application**

For consideration of 2017 NJM Charity Partner registration benefits, please complete the following information and authorize the agreement found below.

**Organization Name:** \_\_\_\_\_

501(c)(3) status: \_\_\_\_\_

Fundraising-specific Website URL: \_\_\_\_\_

Has your organization previously partnered with the NJM? \_\_\_\_\_ If so, in which years?

**So that we can best direct inquiring runners to your charity, please describe:**

What is the primary purpose/mission of your organization: \_\_\_\_\_

What is your financial fundraising goal from your involvement with the NJM? \_\_\_\_\_

How do you structure your participant fundraising program? \_\_\_\_\_

Who is your target customer/athlete? \_\_\_\_\_

Does your organization have chapters and if so, how many chapters will be represented at the NJM event and from what cities? \_\_\_\_\_

Will you be providing a run training program to your athletes? \_\_\_\_\_

Do you offer additional benefits to your athletes? \_\_\_\_\_

Do you anticipate having coaches register and run as part of your group? \_\_\_\_\_ If so what is your estimate for number? \_\_\_\_\_

Do you anticipate having staff members onsite race weekend? \_\_\_\_\_ If so what is your estimate for number? \_\_\_\_\_

Please note any additional relevant information regarding your charity or potential involvement with the NJM: \_\_\_\_\_

**Please provide information on the Charity Fundraising Primary Contact Person:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Address 1 \_\_\_\_\_

Work Address 2 \_\_\_\_\_

Work City, State, Zip: \_\_\_\_\_

**Agreement:**

As the Charity authorized representative, I agree that in consideration for being provided a 10% off discount entry code:

- \* we will register a minimum of 20 entrants to the 2017 Pacers Novo Nordisk Marathon races.
- \* we will control usage of this code to be limited to only true Charity Partner Fundraisers as described above
- \* if we register 50+ entries by April 15 2017, we are able to request and reserve a space for our Charity tent/table to be set on race day in the event start area.
- \* we will communicate to the event for Charity Partner customer service only through the authorized group contact person.
- \* we acknowledge that fundraisers need to apply the Charity Partner entry discount code at the time of each registration and cannot be attached after-the-fact.
- \* we acknowledge that issuance of the code indicates authorized execution of this agreement on behalf of Pacers Events LLC and the New Jersey Marathon.

**Agreed and Authorized by the Charity Partner Contact:**

\_\_\_\_\_  
Name \_\_\_\_\_  
Date

Please execute and return to **[gail@runpacers.com](mailto:gail@runpacers.com)** by email for review, acceptance, and issuance of the Charity Partner discount entry code. Registration questions can be directed to **[gail@runpacers.com](mailto:gail@runpacers.com)**, event questions can be directed to **[events@runpacers.com](mailto:events@runpacers.com)**.